



NEVADA DEPARTMENT OF AGRICULTURE **PEST CONTROL COMPANY NAME APPLICATION**



READ CAREFULLY AND COMPLETE THE BACKSIDE OF THIS APPLICATION--

The Nevada Department of Agriculture requires pest control company owners/principals applying for their first Nevada pest control business license to submit this application for the name of their proposed company. NAC 555.290.8 requires the Department to reject pest control business license applications if the name of the proposed company is: (a) the same or similar to the name of an existing pest control company operating in Nevada, or (b) the name is likely to be confused with a governmental agency or trade association, or (c) if the name is misleading.

Because of the variety of pest control company names, applicants for their first Nevada pest control business license are required to list at least three potential names for their company. At least three names are required because it is not uncommon for the Department of Agriculture to reject at least two of them.

The Department advises you NOT to place advertisements, produce business cards, fliers, pamphlets, or other articles used to advertise or solicit your company, or provide proof of insurance, until a name has been approved and all other requirements have been met.

The Department also advises those who are considering a pest control company name to research names in other states, as some names are trademarked or copyrighted.

The Department does NOT reserve pest control company names. Names are issued on a first come first serve basis.

Complete the backside of this form and return it to:

Nevada Department of Agriculture
350 Capitol Hill Avenue
Reno, NV. 89502-2923
Attn: Lee Lawrence

NAME OF APPLICANT (OWNER, PRINCIPAL, ETC.)_____

HOME ADDRESS_____CITY_____STATE_____ZIP_____

HOME PHONE(____)_____CELL PHONE(____)_____FAX(____)_____E-MAIL_____

IS YOUR COMPANY PART OF A FRANCHISE? ☐ YES ☐ NO

IS YOUR COMPANY LICENSED IN ANOTHER STATE? ☐ YES ☐ NO

IF YES, WHAT OTHER STATE(S) IS YOUR COMPANY LICENSED IN?_____

WILL YOUR COMPANY HAVE A BUSINESS LOCATION WITHIN THE STATE OF NEVADA? ☐ YES ☐ NO

IS THE PRIMARY PRINCIPAL OF YOUR COMPANY RESIDING IN NEVADA? ☐ YES ☐ NO

IF YOUR PRIMARY PRINCIPAL IS A NEVADA RESIDENT GIVE DRIVERS LICENSE NUMBER:_____

IS YOUR COMPANY CURRENTLY INCORPORATED IN NEVADA? ☐ YES ☐ NO

IF YOUR COMPANY IS NOT INCORPORATED IN NEVADA, WILL IT BE INCORPORATED WITHIN THE NEXT YEAR? ☐ YES ☐ NO

IF YOU KNOW WHAT YOUR COMPANY'S PHONE NUMBER AND BUSINESS ADDRESS WILL BE, COMPLETE THE FOLLOWING:

COMPANY ADDRESS_____CITY_____STATE_____ZIP_____

COMPANY PHONE(____)_____CELL PHONE(____)_____FAX(____)_____E-MAIL_____

FOR YOUR APPLICATION TO BE PROCESSED, YOU MUST PROVIDE AT LEAST THREE POTENTIAL NAMES FOR YOUR PEST CONTROL COMPANY.

FIRST CHOICE _____

SECOND CHOICE _____

THIRD CHOICE _____

FOURTH CHOICE _____

FIFTH CHOICE _____

<u>For departmental use only</u>	
ACCEPTABLE:	<input type="radio"/> YES, <input type="radio"/> NO
ACCEPTABLE:	<input type="radio"/> YES, <input type="radio"/> NO
ACCEPTABLE:	<input type="radio"/> YES, <input type="radio"/> NO
ACCEPTABLE:	<input type="radio"/> YES, <input type="radio"/> NO
ACCEPTABLE:	<input type="radio"/> YES, <input type="radio"/> NO

I UNDERSTAND THAT THE NEVADA DEPARTMENT OF AGRICULTURE HAS THE RIGHT TO ACCEPT OR REJECT ANY NAME I HAVE SUBMITTED. I ALSO UNDERSTAND THAT ANY NAME WHICH IS APPROVED WILL NOT BE RESERVED DURING THE PERIOD IT TAKES TO COMPLETE THE LICENSING PROCESS. FURTHERMORE, I DO NOT HOLD THE DEPARTMENT RESPONSIBLE IF THE SAME OR SIMILAR NAME IS GRANTED TO AN ESTABLISHED COMPANY, OR A FRANCHISED, TRADEMARKED OR COPYRIGHTED COMPANY HAVING PRIOR USE OF IT OR RIGHTS TO IT.

NAME_____SIGNATURE_____DATE_____/_____/_____